MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08952

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fourth Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) Fourth Street

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Essie Walls Bevans

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 24 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 6-1877
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Marcellas Walls
14. MOTHER'S MAIDEN NAME: Sarah Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Luther Bevans (Pocomoke Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

199X

Immediate cause (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Malignant Growth - Carcinoma — year

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Deceased refused operation & hospital

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1952 to Aug 24, 1952 that I last saw the deceased alive on Aug 24, 1952 and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE N. E. Sartorius (DEGREE OR TITLE) Mat. ADDRESS Pocomoke City Md DATE SIGNED 8/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug 27-1952
NAME OF CEMETERY OR CREMATORY: Bethany M.E. Cemetery
LOCATION (City, town, or county) (State): Pocomoke Md.

DATE REC'D BY LOCAL REG.: Aug. 27, 1952
REGISTRAR'S SIGNATURE: Anne E. White
24. FUNERAL DIRECTOR: Henry H. Watson ADDRESS Pocomoke Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 29 1952
BUREAU V. S.

08953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City (Rural) LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville (Rural)
STREET ADDRESS (If rural, give location) 6916 Barton Road

3. NAME OF DECEASED (Type or Print) (First) Caldwell (Middle) William (Last) Bryant
4. DATE OF DEATH (Month) Aug (Day) 18 (Year) 1952
5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Dec. 7, 1895
9. AGE last birthday 56 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Route Agent for Fread
10b. KIND OF BUSINESS OR INDUSTRY Bakery
11. BIRTHPLACE (State or foreign country) Albemarle Co. Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Bryant
14. MOTHER'S MAIDEN NAME Lula Harrison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Veteran Cold War
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Mrs Caldwell Bryant. 6916 Barton Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary disease — Impressive attack — Instantaneous years.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Excitement Was attending races at Ocean Down

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. N. E. Sartorius (Degree or title) Dep. Med. Exam. ADDRESS Pocomoke City Md DATE SIGNED 8/18/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 8/22/52 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 8/19/52 REGISTRAR'S SIGNATURE Helen F. Hayward 24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

08954

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OCEAN CITY; STREET ADDRESS (If rural, give location) PHILA. AVE

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) WILLIAM (Last) BUNTING

4. DATE OF DEATH: (Month) AUG. (Day) 12 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: FEB. 8 1907

9. AGE last birthday: 45 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRIDGE TENDER

10b. KIND OF BUSINESS OR INDUSTRY: O.C. BRIDGE

11. BIRTHPLACE (State or foreign country): OCEAN CITY, MD

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: LEVIN J. BUNTING

14. MOTHER'S MAIDEN NAME: MARY E. SHORT.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No.: 200-10-0413

17. INFORMANT AND ADDRESS: JOSHUA BUNTING OCEAN CITY MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) GUNSHOT WOUND Heart	Instant.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiospasm	5 years
	(c)	

9767

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Despondent over ill health.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Bridge Tower; (CITY OR TOWN): Ocean City; (COUNTY): Wor.; (STATE): Md.

TIME OF INJURY: (Month) Estimated (Day) Aug 11 (Year) 52 (Hour) 5:30 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Self inflicted gunshot wound Head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: J. Hammond, Jr. (Degree or title) M.D. ADDRESS: Asst. Med. Exam. Worc. Co. Md. DATE SIGNED: Aug 13, 52.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: 8/14/52; NAME OF CEMETERY OR CREMATORY: EVERGREEN; LOCATION (City, town, or county): BERLIN; (State): MD.

DATE REC'D BY LOCAL REG.: 8/14/52; REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Anna A Burbage; ADDRESS: Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1-5

RECEIVED
AUG 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08955

CERTIFICATE OF DEATH

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville; LENGTH OF STAY (in this place) 30 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Lewis (Last) Davidson

4. DATE OF DEATH: (Month) Aug (Day) 30 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write): Married

8. DATE OF BIRTH: Jan 5, 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph B Davidson

14. MOTHER'S MAIDEN NAME: Elizabeth Truitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mr. William Dorsey Bishopville Rfd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease

(c) Diabetes

260K

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 1952 to Aug 30, 1952, that I last saw the deceased alive on Aug 30, 1952 and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William N Young M.D. Selbyville Del Sept 1, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Sept 3 — NAME OF CEMETERY OR CREMATORY: Lot 7 — LOCATION (City, town, or county) (State): Bishopville Md.

DATE REC'D BY LOCAL REG.: Sept. 2-52 — REGISTRAR'S SIGNATURE: D. Ray Bergey

24. FUNERAL DIRECTOR — ADDRESS: Peter Whaley Selbyville, Del.

RECEIVED
SEP 4 19
BUREAU V. S.

M

08956

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fenwick Island Rural (Ocean City) LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsburgh.
STREET ADDRESS (If rural, give location) 503 Shore Ave N.S. Pitts Pa.

3. NAME OF DECEASED (Type or Print) (First) Isabell (Middle) (Last) Dorning

4. DATE OF DEATH (Month) Aug (Day) 7 (Year) 52

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED (Specify), DIVORCED.

8. DATE OF BIRTH May 30 1884

9. AGE last birthday 68 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Pittsb. Pa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joe Burnside

14. MOTHER'S MAIDEN NAME Rebecca Donnelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Florence Rebecca James.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
519.0 Immediate cause	(a) Acute congestive heart failure	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic " " "	4 days?
	(c) Pleurisy (2 weeks ago).?	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity — Hypertension ?

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) H Townsend, Jr MD Worcester County Deputy Medical Examiner ADDRESS Ocean City Md DATE SIGNED Aug 7, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/11/52

NAME OF CEMETERY OR CREMATORY Union dale

LOCATION (City, town, or county) Pittsburg (State) Pa

DATE REC'D BY LOCAL REG. 8/7/52

REGISTRAR'S SIGNATURE Helen F Hayward.

24. FUNERAL DIRECTOR Anna A Burley Berlin Md ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
AUG 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): Purnell St.

3. NAME OF DECEASED (Type or Print): (First) Della (Middle) May (Last) Evans
4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 23, 1882
9. AGE last birthday: 6 7 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Berlin Md R.F.D.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles M. Baker
14. MOTHER'S MAIDEN NAME: Mary Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): n — (If yes, give war or dates of service): n
16. SOCIAL SECURITY NO.: n
17. INFORMANT AND ADDRESS: Mrs. Thomas Evans Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Acute dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocardial

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3-1952, to 8-3-1952, that I last saw the deceased alive on 8-3-52, 19..., and that death occurred at 7:10 A.M. m., from the causes and on the date stated above.

SIGNATURE: Clifford E. Tschott (Degree or title) M.D. ADDRESS: Berlin Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/5/52 — NAME OF CEMETERY OR CREMATORY: Evergreen — LOCATION (City, town, or county): Berlin (State): Md

DATE REC'D BY LOCAL REG.: 8-5-52 — REGISTRAR'S SIGNATURE: Helen F. Hayward
24. FUNERAL DIRECTOR: Thomas A. Burbage — ADDRESS: Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 7 19
BUREAU V. S.

Item 9 FilmG147 9/30/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin | LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Parker (Last) Fields

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1952

5. SEX: male | 6. COLOR OR RACE: colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: Oct. 3 1876 | 9. AGE last birthday: 75 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer retired | 10b. KIND OF BUSINESS OR INDUSTRY: farm | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Margaret Fields.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT: Mrs Virgie Purnell Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Apoplexy

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1952, to Aug 29, 1952, that I last saw the deceased alive on Aug 29, 1952, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford E. Willett M.D. ADDRESS Berlin Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/23/52 | NAME OF CEMETERY OR CREMATORY St Pauls | LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 8/23/52 | REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR ADDRESS Dunn & Bunting Berlin Md

VS. A15

RECEIVED
AUG 27 1959
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin Rt. #3 — LENGTH OF STAY (in this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Edward (Last) Foreman

4. DATE OF DEATH: (Month) 8 - (Day) 13 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: A. A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-22-'09
9. AGE last birthday: 43 yrs. — IF UNDER 1 YEAR: Months 5, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Emploee
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Richards
14. MOTHER'S MAIDEN NAME: Tena Foreman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Tena Lockwood, Berlin, Md. Rt. #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

416X

Immediate cause (a) Chronic Degeneration Myocarditis c Anasarka — 6 months
DUE TO

Antecedent cause(s) (b) Rheumatic Heart Disease — 1-2 yrs.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1-, 1952, to 8-13-, 1952, that I last saw the deceased alive on 8-13-, 1952, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE: Hermann Rabbins M.D. — (DEGREE OR TITLE) ADDRESS: 5 Bay St. Berlin, Md. — DATE SIGNED: 8/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8-15-'52 — NAME OF CEMETERY OR CREMATORY: Williams Chapel Cemetery — LOCATION (City, town, or county) (State): Newark, Worcester Co. Md.

DATE REC'D BY LOCAL REG.: 8-15-52 — REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: STEWART FUNERAL HOME — ADDRESS: 102 E. Church St
Mary A. Stewart, Salisbury, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 18 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08960

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place) 38 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Front Street Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) Front Street Ext

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) E (Last) Hayman

4. DATE OF DEATH: (Month) August (Day) 12 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 17 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James W. Hayman

14. MOTHER'S MAIDEN NAME: Emeline Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr Fredrick E. Hayman New Potrero Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Lung — Interval between onset and death: 6 mo

163 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 28 1952

19b. MAJOR FINDINGS OF OPERATION: Ca Lung + Mets

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1952, to Aug 12, 1952, that I last saw the deceased alive on Aug 12, 1952 and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] [signature] Snow Hill Md 8/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 15 1952 — NAME OF CEMETERY OR CREMATORY: Baptist Cemetery — LOCATION (City, town, or county) (State): Pocomoke Md.

DATE REC'D BY LOCAL REG.: Aug 15, 1952 — REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Henry H. Watson — ADDRESS: Pocomoke Md

RECEIVED
AUG 18 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Showell
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Showell
STREET ADDRESS (If rural, give location) No #

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) HARBESON (Last) HICKMAN
4. DATE OF DEATH (Month) Aug (Day) 26 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 6, 1874
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
10b. KIND OF BUSINESS OR INDUSTRY own shop.
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME William Hickman
14. MOTHER'S MAIDEN NAME Caroline Watson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. 217-07-4437
17. INFORMANT AND ADDRESS Mrs Iva Baker Showell, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4231 Immediate cause (a) Acute Coronary Kromboses — 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease & Coronary Sclerosis — 5 yrs

(c) Crush wound of chest - (Steering wheel)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Shock from a & c

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street & Highway
(CITY OR TOWN) Bishops (COUNTY) Worcester (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 26 Aug 52 1:40 pm.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Had heart attack, Turned car off road & crushed Rail.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Hermanie Rahlmis (Degree or title) M.D. ADDRESS Berlin, Md @ 2 P.M. DATE SIGNED 8/26/52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 29, 1952
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REG. 8/29-52
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Peter Wholey Silbyville, Del. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

SEP 4 1952

BUREAU OF U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) RFD Friendship

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) EVA (Last) HILL

4. DATE OF DEATH: (Month) AUG. (Day) 10 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): MARRIED

8. DATE OF BIRTH: FEB. 16, 1884

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): BERLIN MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHAS. E. FISHER.

14. MOTHER'S MAIDEN NAME: EVA HOLLOWAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NO

17. INFORMANT AND ADDRESS: MR. GEO. H. HILL BERLIN, MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Arteriosclerosis — 18 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — , 1948, to Aug. 10, 1952, that I last saw the deceased alive on Aug. 10, 1952, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE: Nathaniel R. Thoma (Degree or title) MD ADDRESS: Ocean City, Md DATE SIGNED: 11 Aug 52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 8/13/52 | NAME OF CEMETERY OR CREMATORY: EVERGREEN | LOCATION (City, town, or county): BERLIN | (State): MD

DATE REC'D BY LOCAL REG.: 8/13/52 | REGISTRAR'S SIGNATURE: Irene I Hayward | 24. FUNERAL DIRECTOR: Anna A. Burbage | ADDRESS: Berlin Md

RECEIVED
AUG 15 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; LENGTH OF STAY (in this place) 16 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 217 Cedar St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; STREET ADDRESS (If rural, give location) 217 Cedar St.

3. NAME OF DECEASED (Type or Print): (First) ESTHER (Middle) B. (Last) LANKFORD

4. DATE OF DEATH: (Month) (Day) (Year) Aug 5, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 22 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Charles Hill, Snow Hill, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 4 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease — Years

(c) Cardiac Decompensation — 1 week

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1952, to Aug 5, 1952, that I last saw the deceased alive on Aug 3, 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles W Trader AB. M.D. Pocomoke City Md Aug 8 1952.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug 7 1952 | NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery | LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Aug. 8, 1952 | REGISTRAR'S SIGNATURE: Anne E White

24. FUNERAL DIRECTOR ADDRESS: Dennis & Watson, Pocomoke, Md.

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin — LENGTH OF STAY (in this place) 40 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Vine St.

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) S. (Last) Littleton

4. DATE OF DEATH (Month) Aug (Day) 14 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
Male	White	Married	Oct. 24, 1874	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Garage Attendant	Cross Roads Garage	Pittsville Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Turner Littleton	Hennie Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
N	N.		Oscar Littleton Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Aug 14, 1952, that I last saw the deceased alive on Aug 14, 1952, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clifford E. Schott	M.D.	Berlin Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/16/52	Perdues	Powellville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/16/52	Helen F. Hayward	Anna A. Burbage	Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Berlin Church ground

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia; Pa.; STREET ADDRESS (If rural, give location) 4319 Haverford ave.

3. NAME OF DECEASED (Type or Print): (First) Lone; (Middle); (Last) Merrill

4. DATE OF DEATH: (Month) August; (Day) 17; (Year) 1952

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, (MARRIED,) WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: June 7, 1882

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook in Restaurant

10b. KIND OF BUSINESS OR INDUSTRY: Cooking

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Precilla ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: --

17. INFORMANT AND ADDRESS: Susie Smithers 4319 Haverford ave Phila; Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Thrombosis	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart disease & Coronary	1 yr.
	(c) Sclerosis of Generalized arteriosclerosis	5 yrs

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at work ☐ Not while at work ☐; HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.* 8-6-52 8/17/52

SIGNATURE (Degree or title): Hernando Rabbini M.D. Asst. Dept Med Exam; ADDRESS: Berlin Md; DATE SIGNED: 8/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 8-24-52.; NAME OF CEMETERY OR CREMATORY: Hopewell Cem.; LOCATION (City, town, or county) (State): Pocomoke

DATE REC'D BY LOCAL REG.: 8/18/52; REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR; ADDRESS: Wharton-New Church, Va.

RECEIVED
AUG 29 1952
BUREAU V. S.

08966

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke — LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
HOSPITAL OR INSTITUTION OR STREET ADDRESS 705 Market St.	STREET ADDRESS (If rural, give location) 705 Market St.

3. NAME OF DECEASED (Type or Print)	(First) STELLA	(Middle) A.	(Last) STEVENS	4. DATE OF DEATH	(Month) Aug 4, (Day) 1952 (Year) 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Feb 11 1863	9. AGE last birthday 89 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Robert H. Adkins		14. MOTHER'S MAIDEN NAME Katherine C. Savage			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS A. Hartley Stevens, Snow Hill, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ① Cerebral Thrombosis — 12 hours approx

4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ② Arteriosclerosis, Generalized, Warbed — Years

(c) ③ Myocarditis, Severe, Secondary to ② above — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 3 Aug, 1952, that I last saw the deceased alive on 3 Aug., 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N. E. Sartorius, Jr. M. D. - Pocomoke City, Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug 6 1952	NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery	LOCATION (City, town, or county) (State) Pocomoke, Md.
DATE REC'D BY LOCAL REG. Aug. 6, 1952	REGISTRAR'S SIGNATURE Anne E. White	24. FUNERAL DIRECTOR Dennis & Watson, Pocomoke, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1952
BUREAU V. S.

08967

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Girdletree
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Girdletree
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME ANANDA ELLA STUBBS

3.(b) Social Security Number none

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Edward Stubbs

6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) April 12, 1885

8. AGE: Years 67 Months 4 Days 6 If less than one day ..... hrs. ..... min.

9. Birthplace Chincoteague Accomac Co Va
(Town, county, and state)

10. Usual occupation Housewife 794X

11. Industry or business

FATHER
12. Name Isaac S Jester
13. Birthplace Chincoteague Va

MOTHER
14. Maiden name Janie McGee
15. Birthplace Williamsville Del

16. Informant Mrs Vienna TACKNEY

Address New York, N.Y.

17. Burial Date thereof Aug 20, 1952
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mechanics

Location Chincoteague Va

18. Funeral director Walter M. Clark

Address Chincoteague Va

19. 8/20/ 1952 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1952 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 1948 to August 18 1952 and that I last saw her alive on August 17 1952

Immediate cause of death	DURATION
cachexia and inanition	6 mos
Due to COULD NOT RETAIN FOOD FOLLOWING OPERATION	7 wks
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations MULTIPLE ADHESIONS OBSTRUCTING THE ILIUM FOR 18 INCHES Date of op. 11-17-1951

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of [redacted]

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert L. La Mar M.D.
M. D. or other

Address Snow Hill Date signed 8-20-52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-43-15M

RECEIVED
AUG 25 1952
BUREAU V. S.